COMPUTER SOFTWARE CONTRACT REVIEW AND PLANNING DOCUMENT

CONTRACTOR'S NAME AND ADDRESS *(Include ZIP Code)*	SUBCONTRACTOR'S NAME, ADDRESS & ZIP CODE *(If applicable)*

PRIME CONTRACT NUMBER	SUBCONTRACT NUMBER *(If applicable)*	DATE PROC DOC RECEIVED BY QAR

ITEM DESCRIPTION *(DoD or NASA Program)*

QAR OR SPECIALIST NAME	TEL. NO. *(Commercial or Office)*	NAME AND LOCATION OF ACTIVITY

QAR OR SPECIALIST FIRST LEVEL SUPVR *(NASA only)*	TEL. NO. *(Commercial or Office)*	FACILITY TYPE/CLASSIF/PROGRAM

SECTION I - SOFTWARE SHIPMENT DATA *("X" appropriate box(es); CODES: I - Inspection   A - Acceptance)*

ITEM DESCRIPTION	SOURCE		DESTI-NATION		ITEM DESCRIPTION	SOURCE		DESTI-NATION	
	I	A	I	A		I	A	I	A

SECTION II - SOFTWARE QA REQUIREMENTS *("X" as applicable)*

"X"	ITEM	"X"	ITEM	ITEM	YES	NO
	MIL-Q-9858A		DoD-STD-480	QALI Received		
	MIL-S-52779		MIL-STD-483	QA Plan Required		
	MIL-STD-1679		MIL-STD-490	QA Plan Deliverable		
	OTHER *(Specify)*		MIL-STD-1521	CM Plan Required		
			OTHER *(Specify)*	CM Plan Deliverable		

SECTION III - SOFTWARE CONTRACT REQUIREMENTS

PQA AT SOURCE *(DAR 14-305.2)*	CDRL'S *(DD Form 1423)* FOR COMPUTER PROGRAMS	COMPUTER PROGRAM CONFIGURATION ITEMS
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SECTION IV - SOFTWARE CONTRACT AWARD DATA

ITEM	DATE	ITEM	DATE
Software Assistance Required		Assistance Received	
Software Post Award Conference Required		Software DD Form 1716 Issued	

ELEMENTS FOR PROCEDURES REVIEW AND EVALUATION. CIRCLE LETTER(S) APPLICABLE TO CONTRACT OR DELEGATION. "X" BELOW LETTER(S) REQUIRING NEW OR REVISED PROCEDURES

Circle ➡	CS A	CS B	CS C	CS D	CS E	CS F	CS G	CS H	CS I	CS J	CS K	CS L	CS M	CS N				
"X" ➡																		

REMARKS

SIGNATURE OF PREPARER	DATE CONTRACT REVIEWED

DD FORM 1904-1, AUG 79 (EG)   REPLACES ALL SIMILAR PURPOSE LOCAL FORMS WHICH ARE OBSOLETE   USAPPC V1.00

SPECIAL REQUIREMENTS

OPERATION OR SPECIAL REQUIREMENTS (Identify with "X" those which are required)	APPLICABLE SPECIFICATION NUMBER	DOCUMENT REFERENCE (Prefix and Number, Page, Paragraph)	APPROVAL, REVIEW OR INFORMATION (Enter A, R or I) *	REQUIRED DOCUMENT SUBMISSION DATE	"X" APPROP. COLUMN (S) IF THESE REQMTS. OPERATING PROCEDURE	SUPPLIER CERTIFI- CATION	AGENCY CERTIFI-	REPORTS (Identify with "X" those which are required)	REPORT DUE DATES (For those reports identified in Column 9)
"X"	2	3	4	5	6	7	8	"X" 9	10
Language								Redelega- tions	
Structured Pro- gramming								Initial Quality Status	
Module Size								Monthly Quality Status	
Pro- gramming Tools								Qualification Test	
Firmware								End Item Report	
TEST TOOLS								Reliability Test Report	
Compilers								Failure Report	
Simulators								Acceptance Data Package	
Emulators								OTHER (Specify)	
Inter- preters									
Assemblers									
OTHER (Specify)									

REMARKS

* CODES: A - Approval   R - Review   I - Information

DD FORM 1904-1 (BACK), AUG 79